**Capacity Building & Sensitization Workshop on**

**Anemia Mukt Bharat: T3 Camps & Financial Efficacy**

**Date: December 21, 2019**

**Venue: Library Reading Room, Lady Irwin College, Sikandra Road, New Delhi**

**REGISTRATION FORM**

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| **S.No.** | **Particulars** | **Enter Information Here** |
| **1.** | **Name of the participant** |  |
| **2.** | **Designation** |  |
| **3.** | **Organization/Institute** |  |
| **4.** | **Email** |  |
| **5.** | **Mobile No.** |  |
| **6.** | **Office Address** |  |

**Purpose of attending the Workshop:**

**Date & Signature:**

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**The duly filled registration form should be emailed at the following email IDs:** [**nceard.lic@gmail.com**](about:blank) **and** [**avisaini86@gmail.com**](about:blank)

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